

CASE IDENTIFICATION INFORMATION FOR CONFIDENTIAL FORM FOR FOREIGN PROTECTION ORDER

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY

DIVISION OF STATE COURT ADMINISTRATION

STATE OF INDIANA)

COUNTY OF _____)

COURT: ☐ Superior, Room #: _____

(check one) ☐ Circuit

CASE #: _____ - _____ - _____ - _____

PETITIONER/PLAINTIFF/STATE OF INDIANA

v.

DATE: _____

m/d/yyyy

RESPONDENT/DEFENDANT

EMPLOYEE (IF WVRO)

PERSON RESTRAINED

Name: _____

Home: (_____)_____

Home address: _____

Work: (_____)_____

Cell: (_____)_____

Email: _____

Postal address (if different from home address): _____

Location of place of business or where person is usually or often found: _____

Sex: ☐ male ☐ female

DOB: _____

Describe nature and location of any scars or tattoos: _____

Any scars or tattoos? ☐ Yes ☐ No

Race: _____

Hair color: _____

Eye Color: _____

Height: _____

Weight: _____

List the name(s), age, race, and sex of any person(s) residing at the household of the protected person. Attach an additional sheet of paper if necessary.

Name: _____

Age: _____

Race: _____

Sex: ☐ Male ☐ Female

Name: _____

Age: _____

Race: _____

Sex: ☐ Male ☐ Female

Name: _____

Age: _____

Race: _____

Sex: ☐ Male ☐ Female

Name: _____

Age: _____

Race: _____

Sex: ☐ Male ☐ Female

Name: _____

Age: _____

Race: _____

Sex: ☐ Male ☐ Female

Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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SECTION I. TERMS AND CONDITIONS OF FOREIGN PROTECTION ORDER [check all that apply]

- ☐ 01 The Respondent/Defendant is restrained from assaulting, threatening, abusing, harassing, following, interfering with, or stalking the Petitioner/Protected Person and/or the child of the Petitioner/Protected Person.
- ☐ 02 The Respondent/Defendant shall not threaten a member of the Petitioner/Protected Person's family or household.
- ☐ 03 The Petitioner/Protected Person is granted exclusive possession of the residence or household.
- ☐ 04 The Respondent/Defendant is required to stay away from the residence, property, school or place of employment of the Petitioner/Protected Person or other family or household member.
- ☐ 05 The Respondent/Defendant is restrained from making any communication or contact with the Petitioner/Protected Person(s), including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm to the Petitioner/Protected Person(s).
- ☐ 06 The Respondent/Defendant [**not the Petitioner/Protected Person**] is awarded temporary custody of the children named.
- ☐ 07 The Respondent/Defendant is prohibited from possessing and/or purchasing a firearm or other weapon or ammunition.
- ☐ 08 Special terms and conditions of the Foreign Protection Order. Please comment:

SECTION II. COMPLETE THIS SECTION FOR AN EXTENSION OR MODIFICATION

REASON FOR EXTENSION OR MODIFICATION
<p>____ (a.) Extended due to:</p> <p>____ motion for continuance. Hearing date moved to: _____ (date). Conditions of the Order remain unchanged.</p> <p>____ renewal of existing Order; termination date changed to: _____ (date). See attached Order. Conditions of the Order remain unchanged.</p>

_____ (b.) **Modified** due to:
 _____ Petitioner's/Protected Person's or Respondent's/Defendant's **change of address** (NOTE:
 _____ **Section IV** of this Form needs to be completed **ONLY WHEN** this applies).
 _____ **conditions of the Order have been modified.** See attached Order.
 _____ **other.** See attached Order.

Date Order was issued: _____

Date Order was modified or extended: _____

Date Order will be terminated: _____

SECTION III. COMPLETE THIS SECTION FOR A TERMINATION

REASONS FOR TERMINATION

- _____ Expiration of Order.
 _____ The case was a criminal case and the case was dismissed.
 _____ The case was a civil case and the case was dismissed.
 _____ The Order was vacated.
 _____ Court Order.
 _____ A Protective Order hearing was held, the *Ex Parte* Order for Protection was terminated, and a new Protective Order has been issued.

Other information (if any): _____

SECTION IV. COMPLETE THIS SECTION FOR A CHANGE OF ADDRESS

Name of Petitioner/Protected Person: _____
 Date of birth: _____ Sex: Male [] Female [] Race: _____
 Address: _____ Alternate address: _____

 Telephone Number: _____ Alternate Tel. #: _____

Name of Respondent/Defendant: _____
 Address: _____
 Telephone Number: _____
 Date of birth: _____
 Sex: Male () Female ()
 Race: _____

SECTION V. FOR USE BY CLERK OF COURT

A copy of this Confidential Data Entry Form for Foreign Protection Orders has been sent to the following law enforcement agencies:

_____ Sheriff of _____ County.

_____ Any other sheriff or enforcement agency of a municipality listed in this Form:

Name(s) of county(ies):_____.

Name(s) of municipality(ies):_____.

The copy was transmitted on (date):_____ by (name of person transmitting copy):_____.

NOTE: This portion must be completed when a protection, no-contact, workplace violence restraining order is requested. The information provided on this form will be used to update the statewide protective order database for the enforcement of the order.

CONFIDENTIAL FORM FOR FOREIGN PROTECTION ORDER

Note: The following information is confidential under Indiana law pursuant to Indiana Code § 5-2-9-7, and it may not be released.

PETITIONER

Home address: _____

DOB: _____

Race: _____

Sex: ☐ male ☐ female

SSN: (optional) _____

Home: (____) _____

Work: (____) _____

Cell: (____) _____

Email: _____

Postal address (if different from home address): _____

When can protected person be reached at the above numbers or any alternative numbers?

Other protected address: _____

List the cities/counties where the protected person would like a copy of the order sent:

Address from confidentiality program of Attorney General: _____

PERSON RESTRAINED

SSN: _____

End of Confidential Form. The "Confidential Form" portion of this form must be on green paper according to Admin. Rule 9